

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)						SERIAL NO. 595501 APPLICANT'S		FILING DATE 6-16-00					
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	EP.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.							
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
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13	1						73						
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46													
47													
48													
49													
50													
TOTAL NO.	4						TOTAL NO.						
TOTAL DEF.	2						TOTAL DEF.						